

## CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

1776

SFUND RECORDS CTR  
999000432

## PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): WESTLOCK COMPANY Code No.       
 Pick up Address: 13344 South Main Street, Los Angeles, Ca.  
 Telephone Number: ( ) (Number) (Street) (City)  
 P.O. or Contract No.:       
 Order Placed By: DON Date: 3-16-78

Type of Process Waste Coolant Water Code No.       
 which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Acid solution          | 8. <input type="checkbox"/> Tank bottom sediment        |
| 2. <input type="checkbox"/> Alkaline solution      | 9. <input type="checkbox"/> Oil                         |
| 3. <input type="checkbox"/> Pesticides             | 10. <input type="checkbox"/> Drilling mud               |
| 4. <input type="checkbox"/> Paint sludge           | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent                | 12. <input type="checkbox"/> Camery waste               |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Latex waste                |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Mud and water              |
|  | 15. <input type="checkbox"/> Brine                      |

☐ Other (Specify) Waste Coolant Water Code No.     

## Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
2. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
3. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
4. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
5. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
6. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>

## Hazardous Properties of Waste:

pH 7 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive  
 Bulk Volume: 100 ☐ gal ☐ tons ☐ barrels ☐ other (specify)  
 Containers: 1 (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)  
 Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)  
 Special Handling Instructions (if any):     

## HAULER OF WASTE (Must be filled by hauler)

Name (print or type): ALL AMERICAN OIL COMPANY Code No.       
 Business Address: 8655 So. Main Street, Los Angeles 90003  
 Telephone Number: (213) 759-6145 (Number) (Street) (City)  
 Pick Up: 3-16-78 (Date) Time:      ☐ am ☐ pm  
 State Liquid Waste Hauler's Registration No. (if applicable): 118

Job No.: 03490 No. of Loads or Trips:      Unit No.:     

Vehicle: ☐ vacuum truck      barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): 2425 So. Garfield Code No.       
 Site Address: Monterey Park, Calif. 91754

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):      State fee (if any):     

## Handling Method(s):

- ☐ recovery  
☐ treatment (specify):       
☐ disposal (specify): (Examples: incineration, neutralization, precipitation)--Code No.  
☐ pond ☐ spreading ☐ landfill ☐ injection well (specify) Code No.

If waste is held for disposal elsewhere specify final location:     

Disposal Date:     

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title     

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title     

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name     

A0795320